

## **Example 1 – Program Management**

### **PHPS State & Local Field Assignment "Bioterrorism Planning & Preparedness"**

#### **Part I: Agency and Supervisor Information**

***Time Period:*** September 2003 through August 2005

***Agency Name & Address*** – Prince George's County Health Department, Division of Epidemiology & Disease Control, 1701 McCormick Drive, Landover, MD 20774

***Primary Supervisor*** – Mercedes Q. Lawrence, MPH, Division Director, mailing address same as above, phone-xxx-xxxx FAX number xxx-xxxx, E-mail Address –mlawrence@ xxx.xxx

***Secondary Supervisor*** – Angela Crankfield, Assistant Director, mailing address same as above, phone number xxx-xxxx, FAX number xxx-xxxx, E-mail Address acrankfield@xxx.xxx

#### **Part II: Statement of Need**

***Scope of Assignment*** – Prince George's County (PGC) is requesting a Public Health Prevention Specialists interested in a Program Management assignment. PG County is an ideal training ground for a PHPS Field Assignment as it will allow a Prevention Specialists to participate in all phases of the program planning process, from county-level planning, program development, implementation and staff training, to high levels of collaboration with other County, State, and Federal Agencies who share responsibility, and perhaps even to work under a bioterrorism emergency, should one occur in the region of the Nation's capital.

***Health Problem or Issue to be addressed by the Prevention Specialist*** -The Prince George's County Health Department (HD) solicits the assignment of a Prevention Specialist (PS) specifically to serve in the nucleus of the Health Department Bioterrorism Preparedness Team. The assignment proposed by the HD is the participation of the PS as a member of a multidisciplinary team that will be implementing all aspects of disaster preparedness including collaborations with neighboring health departments, Fire/Emergency Medical Systems, State and Federal emergency management and emergency response agencies. Some aspects of the preparedness effort will be assigned to the PS and he/she will have complete responsibility for planning, executing and managing those assignments.

***Priority Populations*** - The priority populations for this project are the 816,791 Prince George's County residents as well as neighboring jurisdictions. Since an act of bioterrorism has the potential of a mass casualty incident or pandemic disease, it will most likely affect our neighboring counties in Maryland as well as the four million residents of the Washington Metropolitan Region. These populations are served by county and State health departments and emergency response agencies. Coordinated response plans with these jurisdictions are already in place.

***Key partners*** - Bioterrorism and disaster preparedness must be coordinated with key Federal, State and County agencies such as the Maryland Department of Health and Mental Hygiene (DHMH) Office of Public Health Preparedness and Response who is the lead agency in Maryland and provides general guidelines for all aspects of public health preparedness and response. DHMH interacts with CDC and coordinates and implements activities in the state of Maryland. Maryland Emergency Management Agency (MEMA) coordinates the State response to any major emergency or disaster. This includes supporting local governments and coordinating assistance with the Federal Emergency Management Agency (FEMA). MEMA provides free training programs *In Incident Command Systems* and *Emergency Management* in which the PS may participate. Maryland Institute for Emergency Medical Systems (MIEMSS) coordinates Maryland's EMS Systems, a group of diverse organizations and professionals working to save the lives of the critically injured or ill patients. Prince George's County Office of Emergency Preparedness, Fire/EMS and Police are "first responders" and coordinate the actions in response to any major emergency. Montgomery County Health Department and Prince George's work closely and share strategies in resolving common problems. Bioterrorism planning will also

include working closely with Montgomery County staff. Montgomery County has an experienced six-member bioterrorism preparedness team. Metropolitan Washington Council of Governments (COG) is a regional organization composed of 17 local governments surrounding the nation's capital, plus members of the Virginia and Maryland legislatures, the U.S. Senate and the U.S. House of Representatives. COG provides a forum for regional policy-making and implementing regional plans and programs. COG has a Bioterrorism Sub-Committee where regional issues are discussed. A regional bioterrorism plan has been completed. The PS should attend the Bioterrorism Sub-Committee's monthly meetings to coordinate the County plan with the other neighboring regions. Hospitals, Emergency Rooms (ER) and Infection Control Practitioners (ICPs) will probably be the first to detect a bioterrorist act. In the development of a plan, collaboration with the local hospitals is crucial.

### **Part III: Assignment Description**

***Description of Major Activities*** – PG County is in the process of forming a Bioterrorism Preparedness Team (BPT), a multidisciplinary group composed of two environmental health staff, two Disease Control Specialists (DCS) and two nurses. The PS and the senior DCS will be the team leaders. The BPT will have a broad range of functions including all aspects of disaster planning and preparedness, collaboration with neighboring jurisdiction health departments, other County agencies, County first responders, State and Federal emergency management and emergency response agencies and many other activities identified during the previous two year planning stage. The PS will work with Environmental Health and Communicable Diseases divisions in planning, designing and implementing a bioterrorism plan. The PS will need to be familiarized in Environmental Health, Communicable Diseases, and Surveillance. Since a bioterrorism act may start by contamination of the food or water supply, the PS will spend at least two weeks with the Environmental Health Division learning all aspects of food management, distribution and shipping at warehouses and retail stores. Site visits with HD inspectors to facilities located in the County (food warehouses and supermarkets) will be part of the training. Intentional contamination of salad bars has already occurred in the United States, so it is important for the PS to understand food protection measures in restaurants. The PS will spend time with the group that inspects restaurants and conducts the facility inspection in outbreak investigations. The PS will have an overview of safe food preparation, County regulations and also conduct site visits to restaurants and participate in outbreak investigations.

The PS will also spend at least two weeks with the Communicable Diseases and Surveillance Program. This is the program that receives and investigates all reportable communicable diseases other than STDs, TB and AIDS. The program manages more than 1,000 communicable disease reports a year. In order to monitor a surveillance system capable of early detection of a bioterrorist act, it is crucial to understand the disease reporting system already in place. The PS will have the opportunity to participate in all the stages of the surveillance process including: the reporting of communicable diseases by hospitals, ICPs and the medical community to the HD; confirmation of the report by the HD; patient education and contact investigation; administration of prophylaxis when necessary; reporting to the State via the Maryland Electronic Reporting Surveillance system (MERRS) and State reporting to CDC. Participation in the County surveillance data analysis (statistics, trend analysis and graphs) is encouraged. To acquire communicable diseases investigative skills the PS should participate in individual case and outbreak investigations.

***Overall Mission of the Agency*** - The activities described in the identified needs section (Part III), represent the HD goals for Bioterrorism and Disaster Preparedness. Completion of these would indicate that the County has attained the desired level of preparedness and also met the CDC requirements as part of the federal funding received for Bioterrorism Preparedness.

**Assessment of Health Department Bioterrorism Preparedness** - The PS will assess the present status of the county planning process as it pertains to bioterrorism. This assessment should include an evaluation of the level of planning accomplished so far by the HD, ascertain the current level of staff training and an evaluation of the collaboration established with other agencies. This will be followed by development of an inventory of what is needed to enable the County to respond quickly and adequately in the case of a bioterrorist attack. The PS will not work in isolation, but as part of the collaborative Bioterrorism Preparedness Team. Prince George's County Health Department has been preparing for the challenge of a bioterrorist act since 1999. The HD has an established a Bioterrorism Committee that meets monthly. The Health Officer, two physicians, staff from Environmental Health, Communicable Diseases and the Office of Emergency Preparedness are members of the group. The HD bioterrorism planning, policymaking and related tasks are decided by this group. Some of the work already undertaken by the group has been: development of the County Emergency Response Plan; the County National Pharmaceutical Stockpile plan; the Mass Prophylaxis Plan; the smallpox pre- and post-event plans; HD participation in the National Top-Off exercise (Prince George's was one of the five sites in the US); NPS exercise developing and implementing a basic disaster preparedness training for HD staff; development of an Incident Command System (ICS) for the HD and strategic planning for future needs. This group will provide support, technical assistance and guidance to the PS. After the PS attains sufficient expertise in this project, he/she will bring new ideas and tasks for consideration by the HD group. The PS will have access to all HD staff and resources needed for the successful implementation of this project. The HD will also facilitate contacts with other agencies and area health departments as needed to develop collaboration.

Following is a list of disaster preparedness needs identified by the HD. This is not an exhaustive list, and encourages new suggestions from the PS initial assessment.

**Disaster plan.** Implementation of the Health Department Disaster/Bioterrorism Response Plan. This plan has been developed in concert with the County, the State of Maryland and other agencies and is coordinated with their response plans. It details plans to contain and control disease outbreaks through mass immunization and/or prophylaxis of health care workers and the community as well as a protocol to collect and transport specimens to the laboratory. The plan is the blue-print that describes the roles and responsibilities of the HD. The next step is to develop operational modules for quick implementation of the plan in specific situations (e.g. anthrax, smallpox, plague attack). These modules would describe the step by step action to be taken by the HD, personnel responsible, necessary materials, and how to contact other key agencies involved.

**Communications.** Development of a Crisis Telephone Hotline System for communications with hospitals and health care providers. Development of a Mass Fax Broadcast System, email or secure web-based system to alert the medical community and the public. Maintain information sheets on specific agents for dissemination to first responders, health care providers, the media, the public, elected officials and government agencies. Development of a system to communicate with hospitals and the medical community both providing updates on a regular basis and in case of and emergency.

**Surveillance.** Monitoring and analyzing surveillance data for the rapid identification of a bioterrorism act. The County's hospitals and the HD participate in a State-wide syndromic surveillance system for quick detection of a bioterrorist act or unusual disease occurrence. DHMH is in the process of selecting and purchasing a new surveillance system for the state. When that system is in place, the HD will be responsible for monitoring and analyzing the County data and developing a method to monitor key indicators.

**Collaborations.** Development of Memorandum of Understanding (MOU) and lines of communication between the Health Department and EMS, Public Health Laboratories, Hospital

(ICPs, ER), County schools, Red Cross and other State and Federal agencies as needed. Develop MOU with non-clinical volunteers such as retirees, community groups, social and fraternal organizations and churches to provide non-clinical support.

**Training.** Planning and implementation of training for HD staff and the medical community. The HD Bioterrorism Committee has a subcommittee working on training for HD essential personnel on appropriate bioterrorist attack response. So far family preparedness training has been conducted for staff. Other needed trainings have been identified, such as trainings for the different classes of work within the HD (i.e. data entry, counselors, nurses, physicians), as well as training for ICPs, emergency room personnel, sentinel schools and physicians. The PS does not need to provide the training herself/himself, unless she/he wants to, but would identify expert speakers or other available training. The Washington/Metropolitan area has many experts and training resources available.

**Drills and exercises.** Design and implementation of training exercises. The HD plans and systems (emergency communications) should be exercised regularly and corrected accordingly. Plan and execute bioterrorist drills and exercises for Health Department staff and other collaborating agencies. Evaluate the exercises and modify the disaster plans as needed.

**General public information campaign.** Development of a mass education and risk communication campaign to inform and prepare the media and general public on bioterrorism and disaster issues. This task requires developing contacts with community leaders and organizations. The HD will work through these partners to prepare the community by developing brochures, providing presentations to community groups, and developing media campaigns (including TV spots, internet, and newspapers).

**Homebound populations.** Development and implementation of a plan to provide mass prophylaxis or immunizations to homebound, institutionalized and homeless populations. Develop a list of institutions in the County, establish relationships with agency decision-makers, and collaborate in developing an integrated preparedness and response plan. Develop a registry or mechanism to identify homebound individuals in the County.

**Committee participation.** There are numerous committees requiring the participation of Bioterrorism staff (e.g. COG, OEP Task Force, State Planning and Advisory Groups, Maryland Bioterrorism Forum, Hospital WMD Preparedness Coalition). Staff will be assigned to these committees according to expertise and interest. All BPT members will participate in the HD Bioterrorism Planning Committee. The PS will co-chair the HD Committee.

**Managing grant funding and reporting requirements.** If the PS would like to acquire expertise in this area of project management, he/she could work with the Administrator and the Division Director in managing the financial and administrative aspects of the HD Bioterrorism grant.

The tasks listed above have been identified by the HD, but there is flexibility to the assignment as HD needs are evaluated and as world events unfold. The PS can modify or add new tasks to this list after conducting a needs assessment for the HD, and in order to meet PHPS required competencies. The scope of the PS's activities will be defined through discussion with the primary and secondary supervisors, and the Bioterrorism Committee. A detailed outline of the major activities and which PHPS Performance Requirements they address can be found in Attachment 1. This table also identifies Levels of Responsibility, General Timelines and Dedicated Resources for the assignment.

#### **Part IV: Organizational Structure**

***Organizational Location of Assignment*** – The PS will be working at the largest County Health Department in Maryland, led by the Health Officer. The Health Department has 6 Divisions: Addictions and Mental Health, Administration, Adult and Geriatric Health, Environmental Health, Epidemiology and Disease Control, Maternal and Child Health. The PS will be working

under the supervision of the Director of the Division of Epidemiology and Disease Control. The Division of Epidemiology and Disease Control has 115 staff persons and is organized in four programs: TB, STD, HIV/AIDS and Communicable and Vector-Borne Disease Control and Surveillance. The work location will be the Health Department Headquarters Building, located in Largo, Maryland. The Health Officer, Division Directors and other key staff such as the Biostatistician, Epidemiologists, Planning staff, and the Public Information Specialist are also housed in this building, facilitating daily interaction with the PS. The Division of Environmental Health is located across the street from the Headquarters Building. The HD has opened a new building in the Cheverly area, five miles from the Largo location and is across from the County's largest hospital. The Communicable Diseases Program is located in this building.

***Organizational Workplace Setting and Support*** –The Health Department will provide a fully equipped office in the headquarters building, a computer with CD-ROM, sound card and speakers connected to a LAN system with access to Internet, E-mail and GIS. Secretarial and administrative support and all modern office equipment including laptop computers, LCD projector and broadcast fax machine are available. The supervisors and HD staff understand that a successful relocation and introduction to the area is an important part of the overall success of this project. Both supervisors and HD staff are willing to help the PS in finding adequate housing, services and general orientation to the area. The PS will also have access to any HD staff she/he needs for help, guidance or assistance. This includes requests for data, statistics, editing, typing, travel preparation and general orientation.

***Professional Development Opportunities available*** - The Washington/Baltimore area presents many opportunities for training through such organizations as the Maryland Emergency Management Agency, Johns Hopkins University, the Armed Forces, University of Maryland Department of Emergency Health Services, and State and Federal agencies. The Health Department will facilitate the PS's attendance at a wide range of local conferences and will pay for at least one national conference per year, such as APHA or other conference of the PS's choice. Other opportunities include developing health needs assessments, writing plans and protocols, writing Memoranda of Understanding with other organizations, collaborating with a variety of agencies and health departments, making presentations to professional and community groups, and designing an evaluation component for the HD plan. The problem is not a lack of training opportunity, but rather which ones to attend.

#### **Part V: Supervision and Mentorship**

***Primary Supervisor*** - The primary supervisor has more than ten years of experience supervising, training and mentoring staff. She has a Masters in Public Health in Epidemiology. For the last seven years she has been the Director of the Division of Epidemiology and Disease Control. The Division provides clinical services, contact follow-up and investigations and prevention interventions in the County. The Division has 115 professional and support staff persons including Physicians, Physician Assistants, Nurses, Disease Control Specialist, Social Workers, Data Entry and Clerical. She enjoys teaching and mentoring new staff and is patient and methodical in her approach to training.

***Secondary Supervisor*** - The secondary supervisor has more than ten years of experience supervising and mentoring staff. She graduated from George Mason University with a Bachelors Degree in Education. For the last ten years Ms. Crankfield has supervised the Communicable Disease Investigation Unit for the Health Department. This group conducts all County outbreak investigations and provides investigation/follow-up for zoonotic and communicable diseases. Currently she is the Assistant Director of the Division of Epidemiology and Disease Control. She has extensive management experience and has an in-depth understanding and appreciation for performance management, staff development, programmatic quality assurance and quality control. She is a seasoned professional in supervising and mentoring staff and combines task and

relationship leadership skills and style in a delicate balance making her productive, organized, motivating and result oriented. During her tenure with the Communicable and Vector-Borne Disease Control Program she acquired extensive expertise in such areas as, zoonotic and communicable disease prevention and investigations, education, counseling, coaching, mentoring, training and supervising staff responding to communicable disease emergencies.

***Supervisors work plan*** - The primary and secondary supervisors are readily available on a daily basis and both maintain an open-door policy. Weekly meetings with the PS will also be scheduled. Guidance on the PS's assignments and review of their progress will be provided at these meetings.

***Competing duties*** - The primary and secondary supervisors manage the overall activities of the Division's 120 employees and four programs of the Epidemiology and Communicable Diseases Division in the HD (HIV/AIDS, Tuberculosis, STDs and Communicable Diseases). Bioterrorism preparedness is one of the major responsibilities of this Division, so both the primary and secondary supervisors spend about one third of their time in related activities. Supervising the PS falls within their current responsibilities and would not require a special effort. We have had no problem whatsoever supervising our PS assignee over the last two years.

#### **Part VI: Supporting Documentation**

See Attached disk for copies of our Organizational Chart, CV's and letters of support.